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CORRECTIVE ACTION PLAN, NEW YORK SERVICE NETWORK
BASED ON RESULTS OF AUDIT FEBRUARY 25, 2013

CITATION:	COMPLIANCE DEFICIENCY	CORRECTIVE POA
822-4.3(e) and PAS -44 Instituted 2009	ACTIVE: In two out of ten active records reviewed the patient case records **did not** document the admission date as being the date of the first treatment visit. (See records 1and 4)	An Admission note has been implemented beginning 12/5/12 which will include patients name, DOA, ID#, Assigned Counselor, checklist for meeting primary counselor, and next appointment date, after admission. Please see attached admission note which has been implemented at NYSN.
822-4.3(e)	In one out of ten active records reviewed, the patient case record **did not** contain the name of the authorized QHP who made the decision to admit. (See record#4)	As of 12/05/12, all charts will be subject to QA by the QA team after each portion of the assessment process. This process is to ensure that the name of the QHP that authorized admission will be verified.
822-4. 4(a) 822-4(e)	In one out of ten records reviewed one **did not** have a comprehensive evaluation completed by staff within 45 days of admission (see record#9-66 days)	We will review APG and OASAS requirements at staff training by certified OASAS trainer. This training will commence no later than three months post audit. NYSN has contacted Institute for Qualitative Documentation to provide

4/18/13

		the necessary clinical and administrative trainings per OASAS requirements. All clinical staff will attend the training, as evidenced by sign in sheet and certificates distributed by OASAS.
822-4.4(c)	In two out of ten records reviewed two did not have comprehensive evaluations including the dated signature of the QHP responsible for the evaluation	We will review APG and OASAS requirements at staff training by certified OASAS trainer. As above, NYSN has contacted Institute for Qualitative Documentation and this training will again be enacted no later than three months post audit. All clinical staff will attend the training, as evidenced by sign in sheet and certificates distributed by OASAS trainer.
822-4.4(b)(2)(iii-iv)	In two of the ten records reviewed the patient case records **did not** demonstrate that appropriate medical care is recommended to any patient whose health status indicates the need (see#2 and #8) . #2 Hypothyroidism, #5 HEP C and Asthma	Staff will receive training on coordination of services in medical (life) area. In addition to life areas of Mental Health. Mandatory PPD testing will be provided at Parkville Medical Center and appropriate referrals will be made effective March 4, 2013.
822-4.5(c) (9)	In ten out of ten records reviewed, the records were **not reviewed** in a case conference within 45 days after admission by clinical staff. (see # 1,2,3,4,5,6,7,8,9, and 10)	Effective March 4, 2013, all new admits will be case conferenced at a mandatory weekly case conference for Initial Treatment Plan and Treatment Plan Review. Additionally, NYSN will conduct bi-monthly training on OASAS recommended topics. These trainings will be conducted by OASAS trainers, and staff QHP's
822-4.5(c) (10)	In eight out of ten records	All new Initial and TRP to

	reviewed the Individual Treatment Plans were **not signed** and dated by all members of the multi disciplinary team (MDT) within 45 days after admission (see record # 1,2,3,4,5,8,9, and 10)	be case conferences , documented , revised, discussed, approved, dated and signed by members of the multi disciplinary team at weekly case conference.
822-4.5(b) (1-8)	In one out of ten the Individual Treatment Plan **did not** address identified needs of the patient in all relevant functional areas. (See #2 Hypothyroidism) not stated on the treatment plan.	All staff to be supervised beginning 2. 25. 12 on effective Treatment Plan and Treatment Plan Review. (Please see attached sample of progress note)Additionally, please see the documentation for coordination of services and for recommendation upon discharge.
822-4.5(c) (2)	In two out of ten records reviewed the treatment plans **were not** based on the Comprehensive Evaluations. (See record #2, and #8). Records #2 and #8 missing medical information.	Staff has been trained in the correct documentation of Treatment Plan as it relates to the BPSA and the Progress note. Training to be repeated by OASAS certified trainer every six months and continued weekly supervision with clinical staff in this area to address citation.
822-4.5(c) (3)	In one out of ten records reviewed the treatment plan **did not** specify the treatment goals for problem areas identified in the evaluation. (see record #2 Medical missing).	Although staff has received training that combines the goals of the BPSA and the treatment plan, it is apparent that additional training that will utilize the "golden thread of care" is to be enacted. Training to be repeated by OASAS certified trainer every six months and continued weekly supervision with clinical staff in this area to address citation. Please note example of treatment plan that incorporates appropriate goals that are

		based on client's BPSA.
822-4.5(c) (5)	In one out of ten records reviewed the treatment plan **did not** identify schedules of individual and group counseling. (see Record #1)	During QA process, absence or presence of schedule following admission procedures will be noted with supporting documentation to verify. It can be noted that post audit, ALL treatment schedules has been reviewed and updated, with new schedules documented in client's chart, and in addition the implementation of a master spread sheet for administrative purposes.
822-4.5(c) (7)	In one out ten records reviewed the treatment plan **did not** include each diagnosis for which the patient is being treated. (See # 1 no diagnosis noted on plan).	Treatment Plan supervision will focus on compliance with supporting documentation. Additionally, Case Conference will focus on the review, appropriate language and appropriate signatures for all initial and Treatment Plan Reviews.
822-4.5(d)	In three out of ten records reviewed where services are to be provided by any other entity or facility the individual treatment plans **did not** contain a description of services a record of referral. Results of referral and procedures for ongoing coordination of care. (see record#2,4,8)	Staff to receive training on the importance and proper procedure for coordination of care during case conference for treatment plan and Discharge. Coordination of care documentation to be reviewed as well as by QA team and weekly supervision. Coordination of Care can be defined as the integration of specialty services that will enhance the client's course of treatment and provide the optimal chance for recovery.
822-4.5(g)	In six of ten records reviewed the entire treatment plan **were not** thoroughly reviewed and	Importance of timely documentation to be discussed at case conference and

	revised at least every 90 calendar days for the first year and every 180 calendar days there after. (see records #1, 2, 3, 8, 9, 10)	supervision. QA to coordinate spread sheet for initial treatment plan and reviews to ensure that the correct and timely documentation is implemented immediately(no later than three months post audit)
822-4.5(g)	The Treatment Plan Reviews **do not** show evidence of review by clinical staff development in consultation with patient, names or all reviewing individuals, signed and dated by members of MDT or summary of the patient's progress in each of the specified treatment plan goals. (see #1,2,3,8,9, and 10)	Corrective action requires trainings and supervision in the correct development and implementation of Treatment Plans and TPR. The Client Centered approach to Treatment Planning is to be reiterated during trainings and supervision. During the Case Conference, ALL treatment plans will be reviewed for the evidence of client signatures, the evidence of signatures by the multi disciplinary team. This will then be reviewed by the QA committee and serve as an additional source of internal review to ensure full compliance.
INACTIVE:		
822-4.6(d) (1-6)	In one out of five inactive records reviewed the discharge plan **did not** contain an individualized relapse prevention plan, peer supports,/mutual assistance identified in the comprehensive evaluation. (record #2)	Discharge conference to be implemented beginning March 2012 weekly. Discharge documentation to be discussed and staff to receive training in the importance of correct procedures regarding discharge paperwork. This shall include proper referral, support networks in place, and documentation that proves referral and subsequent appointment.

822-4.6(c)	The service **did not** ensure that no patients are approved for discharge without a discharge plan reviewed and approved by the assigned counselor or supervisor. (record #2) And the portion of the discharge plan which includes referrals for continuing care given to patient upon discharge (record #2)	This corrective POA is in conjunction with the discharge conference that is to be implemented effective 3/2013. Discharge procedures, continuation of care (after care planning) proper referrals and documentation are subjects that staff shall be (but not limited to) receiving during conference, training and supervision. Please see attached documentation that evidences discharge plan conference.
822-4.6(e)	In one out of five inactive records reviewed the patient case records **did not** contain a discharge summary which addresses and measures progress toward attainment of treatment goals and completed within 45 days of discharge (see record #2)	This corrective POA is similar to the POA that has been outlined above for DC procedures and will stress the importance of following the "golden thread of care" where treatment goals, and discharge summary are intrinsically related. Additionally, clinical staff is to understand the importance of setting up subsequent appointments for clients and will be expected to discuss these referrals at DC conference
810.14(e)(6)	The admission dates reported to OASAS : Social security numbers, birthdates, gender, discharge disposition **are not** consistent with documentation and discharge dates recorded in the patient case records (see #2)	During Admission Conference, recommendations for client care will be discussed and documented. QHP will sign all admission decision notes at Admission Conference, and in addition QHP will document appropriate signatures, demographic information to ensure that case record coordinates

		with that information within OASAS.
822-4.3(a)	In two of the seen not admitted records reviewed out of five records where the service denies admission there **was not** a written record containing the reasons for denial and is applicable a referral to an appropriate service (see #2, #3)	Training on outreach and appropriate screened and not admitted to implemented as of March 5, 2013. This training is to specifically address the population that is seen and not admitted. This will include a review of the policy and procedure regarding outreach, clients that are not appropriate for NYSN services and the necessary documentation and steps needed to ensure continuity of care to the client.
SERVICE MANAGEMENT		
822-4.2(a)24,25)	The service does not have written policies, procedures and m methods which address "patient and family member satisfaction and participation in the design, development and implantation of policies"	Clinic demonstrated Patient Satisfaction Survey. Clinic to implement family services (groups, individual) and begin outreach to family and significant others. Please see attached Policy and Procedure chapter regarding Family Services.
822-4.7(f) (1-3) 822-4.7(f) (3) (i-v)	The service **does not** have a written Quality Improvement Plan or Quality Improvement Team which consist of at least three program staff including at least one QHP and clinical staff member that meets quarterly, collects and utilizes patient surveys.	QI/QA team to begin effective March 5, 2013. Team to meet Quarterly to Implement and discuss results of patient satisfaction survey. Team will include at least one QHP and can be evidenced by sign in sheets.
810.14(e)(6)	PAS-44N, PAS 45 and PAS 48 N have not been submitted to OASAS timely and reflect accurate admission and discharge transactions.	Staff changes resulted in deficient documentation current staff to the OASAS trained in area of proficient timely and accurate reporting.

		Supervision of staff weekly.
822-4.8(h) (1)	If family counseling services are directly provide by the service at least on QHP with training/experience or written referred agreements for the provision of such services.	Clinic to hire QHP with family counseling skills to implement family program. Each client will be asked regarding their family and treatment with the proper documentation inserted in the record to support this.
822-4.8(d)	There is no qualified individual on staff designated as the Health Coordinator, to ensure the provision of education, risk education, counseling and referral, services to all patients regarding HIV, AIDS, TD, hepatitis, STD and other communicable diseases.	Clinic nurse to begin health groups and act as health care coordinator. Groups to include HIV /AIDS STD, nutrition , smoking cessation, healthy living, mindfulness etc.